

Request for VA Billing Workers' Compensation Case

Veteran's Name (Last, First, Middle Initial)

Full Social Security Number

Veteran's Mailing Address & Phone Number

Detailed Description of Incident Resulting In Injury: Include Date and Location

Injuries Sustained / Nature of Disease

Names of VA Facilities Where Related Treatment Was Received

If You Have Received Treatment at a Non-VA Facility, Please List Providers

Name of Veteran's Attorney

Phone

Mailing Address

Fax

WORKERS' COMPENSATION INSURANCE CARRIER

Phone

Mailing Address

Fax

Adjuster and Claim#

IF CONTESTED, NAME OF WORKERS'
COMPENSATION BOARD / COMMISSION

Reference #

Mailing Address

Defense Counsel, If Known

Phone

Mailing Address

Fax

VA is entitled to recover reimbursement of the cost of medical care provided or paid for by VA from a tortfeasor and any applicable insurer for care related to personal injury under 42 U.S.C. §2651 et seq., and from a VA beneficiaries' own insurance policy for medical payments, a workers' compensation plan, an auto reparation plan, among others, under 38 U.S.C. §1729.